## RECEIVED CENTRAL FAX CENTER JUL 0 8 2005

	Application Number	10/017,640				
TRANSMITTA	Filing Date	December	14, 2001			
	First Named Inventor	William Ma	tz			
FORM (to be used for all correspondence)	after initial filing)	Art Unit	3629			
(to be used for all correspondence of	alter mider ming)	Examiner Name	J. P. Ouelle	ette		
Total Number of Pages in This Submission:	7	Attorney Docket Numbe	BS01342			
	ENCLOS					
	(Check all ti	лат арріу)	<del></del>			
<ul> <li>Fee Transmittal Form</li> <li>☑ Fee Attached</li> <li>☐ Amendment/Reply</li> <li>☐ After Final</li> <li>☐ Affidavits/declaration(s)</li> <li>☐ Extension of Time Request</li> <li>☐ Express Abandonment Request</li> <li>☑ Information Disclosure Statement</li> <li>☐ Certified Copy of Priority Document(s)</li> <li>☐ Response to Missing Parts/Incomplete Application</li> <li>☐ Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul>	☐ Drawing(s) ☐ Licensing-related Papers ☐ Petition ☐ Petition to Convert to a Provisional Application ☐ Power of Attorney, Revocation Change of correspondence Address ☐ Terminal Disclaimer ☐ Request for Refund ☐ CD, Number of CD(s) Remarks:		Appeal Co and Interfer Appeal Co (Appeal N Proprietar  Status Lei  Other End	ommunication to Group Notice, Brief, Reply Brief) ry Information		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Name (Print/Type)	Bambi Faivre Walters Reg. No.: 45,197					
Signature	Bli Dei Watter					
Date July 8, 2005						
CERTIFICATE OF TRANSMISSION / MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Name (Print/Type)	Maureen M. Pettine Date July 8, 2005					
Signature	Mary M. Pett					

RECEIVED
CENTRAL PAX CENTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE JUL 0 8 2005

In re application of: William Matz et al.

Group Art Unit:

3629

Application No.:

10/017,640

Examiner:

J. P. Ouellette

Filed:

December 14, 2001

Title:

"System and Method for Identifying Desirable Subscribers"

**VIA FACSIMILE 703-872-9306** 

Attn: Examiner J. P. Quellette

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: July 8, 2005 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Signature

Date of Transmission

## INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

180.00 OP

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Attorney for Applicants

Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188 Telephone: 757.253.5729

Date: July 8, 2005

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FEI	F TRAI	NSMITT	ΊΔL	Application Number	10/017,640	RECEIVED
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	for El	Y 2005		First Named Inventor	William Matz	
•	-			Examiner Name	J. P. Ouellette	JUL 0 8 2005
Applicant claim	ms small entity status. S	500 37 CFR 1.27		Art Unit	3629	
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UBMITTED BY:					Complete (if	applicable)
lame (Print/Type)	Bambi F. Walte		Registration No.	45,197	Telephone:	
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	for FY	<sup>'</sup> 2005		First Named Inventor			WED
				Examiner Name	J. P. Ouel	lette CENTRAL PA	
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Application Type	Fee (\$)	Small Entity Fee	Fee (\$)	Small Entity Fee		Small Entity Fee	Fees paid (\$)
Utility	300	( <u>\$)</u> 150	500	<u>(\$)</u> 250	200	<u>(\$)</u> 100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
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4. OTHER FEE(S)	)						Fee Paid (\$)
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SUBMITTED BY:	) Bambi F. Walt	tore I	Pagintention Ma	a. 45,1	97	Complete (if applicable)  Telephone:	(757) 253-5729
Name (Print/Type,	/   Damidi P. Wall	reig	Registration No	43,1	J1	retephone:	(141) 200-0128

Date

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Examiner Cite No.9		Number Kind Code <sup>2</sup> (if known)		Date of Publication of Cited Document MM-DD-YYYY	Pages, Columna, Linea, Where Relevant Passages or Relevant Figures Appear		
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.